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ART. I.—*Report of Cases of Diseases of the Eye treated in the Wills Hospital, during the months of April, May and June, 1839.* By GEORGE FOX, M. D., one of the Surgeons to the Institution.

WE propose selecting for this report some of the more interesting cases of diseases of the eye, which came under care during our service in April, May and June, 1839.

Amaurosis.—Of this form of blindness seven cases presented, four of which are still under treatment, one was discharged cured, one relieved, and one incurable.

CASE I. Susan Smith, ætat. 23, seamstress, entered the house on the 6th of April, with amaurosis of both eyes. She had been an inmate of the Magdalen Asylum, about three years, and states that her vision which has always been imperfect, became much worse during her residence there, and is still failing; she has been constantly occupied with her needle, usually on fine work; under the impression that she was near sighted, has for some time past worn concave glasses; she has fair florid complexion, light hair, light blue irides which are sluggish; pupils clear black, slightly dilated; three images of a flame visible; amaurotic stare; general health good; catamenia regular; suffers pain in eyes after sewing, not at other times; slight fulness of forehead and eyes; she is much annoyed by flashes of light and bright spots before her eyes; she cannot distinguish the furniture in a room unless within a few feet of it; vision worse at night, or in the dark.

She is directed to be purged with senna tea every third day, to take a shower bath every morning, and use mustard pediluvia every night—diet to be restricted to vegetables, tea, and bread.

12th. Two moxas to be applied to each temple.

15th. Slightly improved.

22d. Improving—can distinguish the leather strap of a trunk on the opposite side of the room, but not the brass nails in the trunk. Continue treatment.

26th. Moxas to left temple.

29th. Can distinguish the nails of her trunk across the room—no comparative difference of vision in either eye; pupils contract and dilate better.

May 4th. Moxas to right temple.

9th. Moxas to left temple.

14th. Has improved much; pupils natural.

17th. Moxas to right temple.

29th. Treatment has been regularly continued, and she is now discharged cured. Previous to leaving the house, her vision was tested by my colleague, Dr. Hays, (who, in consequence of my indisposition, had kindly attended to my duties at the hospital, for some weeks.) She then read promptly for him in a diamond print Bible, and appeared to have perfect vision.

P. S. We have since been informed, that, upon her discharge from the hospital, she went to service as cook in a private family and that her sight again became imperfect, but not so much so as to oblige her to apply for re-admission.

Remarks.—We considered that in this case loss of vision was most probably dependent upon an asthenic condition of the retina, with some local congestion; the treatment was directed accordingly, and was speedily successful.

The following case of a more aggravated character, presented some similarity. It occurred during the year previous. As it was highly interesting and also treated successfully, we have thought proper to introduce it here.

CASE II. Harvey Rue, *ætat.* 19, apprentice to a watchmaker, entered the hospital, April 4th, 1838, with amaurosis of both eyes; he has a dark florid complexion; dark hair; irides hazel, permanently dilated, no contractile power; pupil black; amaurotic stare. In July, 1837, he first noticed a dimness of vision of the left eye and the appearance as if there was a spot over the sight, which prevented his seeing an object by looking directly at it; by looking obliquely, he could see it, but not distinctly. After a few weeks the sight of that eye was so defective, that he could not distinguish any object with it; he, however, continued at his trade until the following September, when he noticed that the right eye was also failing; he then ceased work, and applied to a medical gentleman of this city, under whose care he continued some months without receiving any benefit; at this time he is almost totally blind, not being able to see a chair in a room, or to walk in the streets alone; he states that at night or when in a dark room, he is constantly troubled with flashes of a bright red light, and the appearance, as of animals of

every shape and description. He has no pain in the head or eyes; light sense of fulness of forehead with preternatural heat; tongue furred; appetite irregular; bowels rather constipated.

He is directed to take a three grain blue pill every evening: a purgative of senna tea every other morning; and to use a mustard foot bath every evening at bed time; milk and vegetable diet.

5th. Forty leeches to be applied to the temples, and over the brows.

8th. A small blister to each temple.

13th. Slight febrile excitement; pulse full and hard; bled him $\bar{3}xvj$.

14th. Relieved by the bleeding. Is directed to take a shower bath every morning.

23d. Slight improvement in the appearance of the eyes; pupils less dilated; sight the same; thinks there is less dimness immediately after taking the shower bath; tongue cleaner; appetite poor; feels very weak; directed the senna tea to be omitted; blue pill to be taken every other night; to take a wineglassful of the following, four times a day: *R. rad. valerian. cont.; flor. anth. nob. āā ̄3j.; cort. aurant. cont. ̄3ij.* To be infused in a quart of boiling water.

Diet; in addition to milk and vegetables, to have one egg daily, and mutton broth at dinner.

May 2d. Some improvement; objects appear less dim and confused; iris of left eye more active, less dilatation; is directed to use occasionally, during the day, an errhine containing one part turpeth mineral to eight of powdered liquorice.

16th. Sight of left eye decidedly improved; pupil contracts and dilates well; less dilatation of right iris; no improvement in the vision of this eye; with the left eye can now see an object by looking straight at it; cannot distinguish the features of an individual; says he is no longer troubled with flashes of light or spectral illusions; the errhine which was last directed was soon discontinued; in other respects, no change in the treatment; directed forty leeches to be applied to the temples and over the brows, and the sixteenth of a grain of strychnine three times a day.

30th. Strychnine to be omitted, there being an increase of fulness of the forehead; forty leeches to be applied to the temples and over the brows.

July 1st. Left eye is so much improved he is able to read the large letters at the head of a newspaper; the treatment has been continued; leeches are applied every ten days; bowels regulated by an occasional purgative.

15th. General health better; appetite good; very rapid improvement of left eye since last date; can now read fine print; thinks that in the last few days the mist before the right eye has diminished; cannot yet distinguish an object with it. Continue treatment.

August 16th. Eyes look well; amaurotic stare has gone; pupils active; sight of left eye nearly perfect; right improving fast; still slight mist, which

appears much thinner; directed valerian tea and blue mass to be discontinued; to take a teaspoonful of the following solution three times a day: R. sulph. quininæ, gr. xxiv; tr. acid. sulph. gtt. x; syr. simp., aq. cinnam. āā. ʒiss. M. ft. sol. To continue shower and foot baths daily.

October 16th. Vision nearly perfect; still a slight mist before the right eye, which is gradually disappearing; general health good; discontinue all treatment except the shower bath; house diet.

November 21st. Discharged cured.

July 22d, 1839. Since his discharge from the hospital, he has occasionally visited me; his sight continues perfectly good; the slight mist which he complained of before the right eye has long since disappeared.

CASE III. Michael M'Conville, ætat. 48, weaver, entered the hospital April 14th, 1838, with amaurosis of both eyes; he states that about two years since, he suddenly lost the sight of the right eye, and soon after, the left. The right eye has been operated upon for cataract, three times, without any benefit resulting; he has florid complexion; gray hair; iris of right eye greenish yellow, no contractile power, pupil moderately dilated; slight opacity as if from a portion of the capsule of the lens; vision totally gone; iris of the left eye bluish; slight contractility; pupil dilated, of a grayish appearance; slight vision with this eye; thinks at times he can distinguish objects; oftentimes much better than the test of an examination proves. Discharged incurable, April 17th, 1839.

Remarks.—This patient being exceedingly anxious for restoration of vision, and willing to submit to any plan of treatment, which promised the slightest prospects of relief, almost every means were resorted to, and had a fair trial during his long residence in the house, without the least benefit resulting. His eyes were frequently examined catoptrically, but one image of the flame was visible in the right eye, (the lens having been absorbed subsequently to the operations to which he has been subjected); in the left eye, three images of the flame were distinctly visible. A few days previous to his discharge, he was examined by our colleague, Dr. Hays, and the resident physician, Mr. Neill, with the same result. The impression on the minds of all my colleagues, was, that he had always laboured under amaurosis without cataract; the appearance of the left eye was such as might readily deceive in making a diagnosis, until subjected to Sanson's test. We are induced to make this report of his case, as an evidence of the value of this method of examination.

P. S. We learn that he has since been admitted into another institution, and a fourth time subjected to an operation for cataract in the right eye.

CASE IV. Mary Bishop, ætat. 20, segar maker, entered the hospital February 9th, 1839, with amaurosis of both eyes. She states that about one year since, upon her recovery from an attack of fever, which was

attended with severe cerebral disease, she was perfectly blind, not being able to tell day from night; this blindness continued about four months; she then improved slightly, and has continued to do so until within a few months; she suffered from cerebral disease once before, and upon her recovery had double vision for some months. At the time of her admission in the house, she was able to read the heading of a newspaper, but could not distinguish an object unless very near. She is a brunette, with black hair, irides dark-hazel, sluggish, pupils clear black, moderately dilated, face full and flushed, almost of a purple hue, short thick person, catamenia irregular. About five months after her recovery from fever, she passed her menstrual period, and has had but two returns since; after their last appearance, her health and sight improved.

April 2d. Treatment since her admission has been directed chiefly with a view to the return of her catamenia, with occasional blisters to the temples; she can now see small letters separately, but cannot read a whole word; complains of fulness of the head without any pain. Ordered venesection, ad deliq. animi; to be actively purged with senna tea; mustard foot bath every evening; vegetable diet.

5th. To be cupped to back of neck and temples $\bar{3}$ vj.; every third night to take mass. hydrarg. gr. iij., to be followed in the morning by senna tea.

6th. Fifty leeches to be applied to temples and over brows.

10th. Shower bath every morning.

14th. No change in sight, nor diminution of fulness of head. Blisters to be again applied to temples.

19th. Repeat blisters to temples.

23d. Fifty leeches to temples and over brows.

29th. Considerable improvement the last week; head relieved by last leeching; can distinguish distant objects much better.

May 7th. Menstrual period has passed without any discharge, face full and purple; sight improving slowly; more contractility of pupil.

13th. Dr. Hays who was attending in my place directed a blister to be applied to the sacrum, and one to each temple; the following pills to be taken every alternate night until after menstrual period: R. pulv. rhei, gr. x; G. aloe gr. ij; mass. hydrarg. gr. vj; M. ft. pilul. No. iv; inability to distinguish colours was noticed by Dr. Hays, who will communicate his observations on this subject, either in the present or a future No. of this Journal.

26th. Repeat blister to sacrum.

27th. As this is the period for her menstrual discharge, she is directed in addition to the mustard pediluvia at night, to have mustard plasters applied to her breasts and the inside of the thighs—the mustard to be diluted with an equal quantity of flour.

29th. Catamenia appeared to-day copiously; vision improved.

30th. Discharge ceased; re-apply mustard plasters.

June 1st. Face less flushed; feels much relieved; can see any single letter, however small, but cannot read a word of more than three letters, regaining power of distinguishing colours; pupils less dilated. Continue shower bath, mustard pediluvia and an occasional purgative.

11th. Heaviness of head; ordered sixty leeches to the temples, and over the brows.

14th. Great relief from leeching; can see the eye of a needle, and point of a thread, but not both at the same time.

24th. Cups to the sacrum, mustard plasters to the breasts and inner part of the thighs.

26th. Blister to the sacrum.

27th. Catamenia returned.

Remarks.—This case presents many points of great interest, and we trust a continuance of the report will be made by our colleague, Dr. Littell, who had subsequently charge of the patient. There had been a very decided improvement of vision during our term of service; the relief experienced after the return of her menstrual discharge was very great; her sight was on both occasions much better.

Chronic Conjunctivitis with Granular Lids.—A number of cases of this affection came under care; many of them had been in the house a long time. In the two following cases, the improvement was more rapid than usual.

CASE V. Chronic Conjunctivitis—Opacity of the Cornea—Nebula—Granular Lids.—Caspar Hampshire, ætat. 45, glass-blower, entered the hospital, March 8th, 1839, with this disease affecting both eyes. He states that they became affected in July, 1838, which he attributes to cold, taken when sailing on the river; he was for some time a patient in the Pennsylvania Hospital, and was discharged without receiving any benefit. At the time of his admission, the whole of the conjunctiva was much thickened and inflamed, that over the cornea so opaque that the pupil and colour of the iris could not be seen, vessels carrying red blood traversing it in all directions; granulations in upper lids very large. Dr. Parrish, during whose service he was admitted, removed portions of the conjunctiva from the upper circumference of the cornea, and applied red precipitate ointment at night; under this treatment he has much improved.

April 2d. Applied solid nitrate of silver to conjunctiva of upper eye-lids; directed the free use of mucilage of Medul. sassaf.

4th. Reapplied nitr. argenti to upper eye-lids.

8th. Much soreness followed the application of the caustic, this has now subsided; granulations diminished; to-day removed a portion of the conjunctiva of left eye.

9th. Sight better; great soreness.

11th. Reapplied nitr. argenti.

12th. Much pain and inflammation; cornea more opaque; vessels running over it are more numerous, directed a blister to the arm to be kept discharging, and the following solution to be dropt in eye three times a day. R. sulph. cupri, gr. iij; aquæ, ʒj; M. ft. sol.

15th. Divided in each eye, several vessels running to cornea.

18th. Great inflammation of right eye; very little sight; vessels over cornea very visible.

20th. Omit sol. sulph. cupri; applied solid sulph. cupri to granulations, these are smaller and more flabby.

23d. Some improvement; again applied solid sulph. cupri.

24th. Sight better; cornea clearer; fewer red vessels; apply solid sulph. cupri to-morrow.

30th. Sulph. cupri is applied every other day; granulations diminishing, though still large; less opacity of cornea; red vessels not so numerous; right eye is improving rapidly.

May 9th. The sulph. cupri has been applied regularly; the granulations of right eye-lid more prominent than those of the left; opacity of the cornea of the right eye general, but not dense; the lower portion of the cornea of left eye quite clear; sight continues to improve.

10th. Discontinue sulph. cupri; liquor plumbi subacet. to be dropt in right eye.

12th. Eye more inflamed; discontinue liquor plumbi.

13th. Applied solid sulph. cupri; seton in back of neck.

15th. R. nitr. argenti gr. ij. aquæ ʒij; to be dropt in eyes twice daily.

17th. Eyes worse, extremely irritable; discontinued sol. nitr. argenti; directed him to hold his face with the eye-lids separated, in a saturated solution of common salt in water.

20th. Irritability of eyes somewhat abated by the salt water bath: R. hydrarg. cum creta, gr. xxv; sulph. quininae gr. x; M. pulv. No. x. S. One to be taken three times a day.

24th. Gums sore; discontinue powders.

25th. Applied sulph. cupri, to be repeated every other day.

27th. Gastric uneasiness; heaviness of head; directed him to be purged actively with senna tea.

31st. General health improved; eyes again better; they do not, however, improve as fast as before using the sol. nitr. argenti.

June 5th. Sight better than at any time since admission; again try liquor plumbi subacet. every second or third night.

15th. Has not improved since last date; discontinue liq. plumbi subacet., and apply solid sulph. cupri every other day.

24th. Has again improved rapidly; corneæ are nearly clear; cloudiness very slight; few red vessels; the granulations nearly gone; discontinue all treatment, use nothing but cold water.

29th. Continued well until to-day, when he was to have been discharged; from some unknown cause there is great inflammation, redness, and pain of right eye; cornea opaque; conjunctiva full of red vessels; applied sulph. cupri, and cold mucilage; to be purged freely.

July 1st. Right eye still inflamed; this appears to be diminishing; think he will soon be sufficiently well to leave the house.

P. S. This patient continued in the house until September 21, when he was discharged cured; cornea clear; no redness of conjunctiva.

Remarks. Nothing afforded so much relief, as the application of solid sulph. cupri to the granulations; this article in solution, nitr. argenti solid, and in solution and liq. plumbi subacet., were invariably followed by much soreness, pain, and increase of redness of conjunctiva, (excepting upon the two first applications of the solid nitr. argenti, after which, although much pain followed, the granulations rapidly diminished,) we were several times induced to try these articles, and always after regretted having done so.

CASE VI. *Chronic Conjunctivitis—Vascular Cornea—Granular Lids.* James Glenn, ætat. 45, farmer, entered the house, May 25th, 1839. The disease commenced in March. The cornea of the right eye is opaque; opposite pupil clearer; granulations of upper lid few; none very large, and but little redness of the conjunctiva; on the upper part of the cornea of the left eye which is nebulous, there is an ulcer, with red vessels running to it; granulations of the upper lid large and very red; with this eye there is great intolerance of light and lachrymation; can scarcely separate his lids.

27th. Cups to the temples; apply solid sulph. cupri to the upper lids.

29th. R. hydrarg. cum, creta, gr. iss; sulph. quininæ gr. j. M. ft. pulv. three times a day. R. sub. corrosive, gr. j; aquæ ʒvj. M. ft. sol. Use as a collyrium.

31st. Headache; eyes improved; discontinue powders; to be purged actively with senna tea.

June 3d. Purgative to be repeated; mustard pediluvia every night.

8th. Much improved; lids scarified; use mucilage, and omit sol. sub. corrosiv.

11th. Pain and heat in the head; cups to be applied to the temples and back of the neck.

12th. Applied solid sulph. cupri to the granulations.

13th. The sight much better; left eye wide open; ulcer of cornea is much smaller; still some heat in the head; to be cupped to the back of the neck.

24th. Ulcer has healed, leaving a large, but not dense opacity; opacity of right eye is diminishing; granulations in each are all removed; sight good; use nothing but cold water.

29th. Lids redder; granulations again visible.

July 1st. Eyes look well; sight almost perfect; is considered well, and would now be discharged, but as his residence is distant from the city, we think it better he should remain some weeks longer.

P. S. Was soon after discharged cured.

Strumous Ophthalmia.—When we consider the prevalence of a scrofulous diathesis among the lower class of our population, combined with the ordinary causes which tend to its development, as exposure to the damp, the use of improper food, &c., we shall not be surprised at the numerous cases of this affection, brought to the hospital for relief. Frequently one half of the whole number of patients in the house are labouring under this disease, and many others visit it at stated times for advice. It too frequently happens either from the ignorance of the parents, their inability to procure proper advice, or the great difficulty in making the requisite applications to their children's eyes, that most of the cases which present are of a highly aggravated character; there is no class of ophthalmic diseases in which the liability to relapse is so great, and none in which the benefit of judicious treatment is so evident and prompt.

CASE VII. Ulcers of the Cornea—Conjunctival redness, &c.—Hannah M'Michael, ætat. 3, entered the house April 15th, 1839, with both eyes affected. She has been suffering some months; intolerance of light is so great that it is almost impossible to get a good view of the cornea; the left eye seems the worse; there are several ulcers visible on each; slight conjunctival inflammation; lids swollen; abdomen tumid; tongue slightly furred; R. calomel ppt. gr. iij; pulv. rad. rhei, ʒss. M. ft.; pulv. to be given every third night. R. nitr. argenti. gr. j; aquæ ʒj. M. ft. sol.; to be dropped in the eyes morning and evening; milk diet.

18th. Lids less swollen; opens her eyes better.

20th. Has taken cold; eyes not so well.

22d. Less intolerance of light.

24th. Ulcers of the left cornea touched with solid nitr. argenti.

27th. Much better; nitr. argenti again applied to the ulcers.

29th. Worse; increased redness of lids, and intolerance of light.

May 2d. Inflammation of conjunctiva has subsided; opens her eyes well, and bears a light room; ulcers healing.

* 12th. Blister to be applied to back of neck.

13th. R. pulv. rhei; test. ostreæ ppt. āā, gr. vj. at night. Ware's red precipitate ointment to be applied to edge of eyelids every evening.

24th. Much better; ulcers of left cornea filling up; still rough.

26th. Relapse; re-apply blister to back of neck.

31st. Again improving.

June 2d. No inflammation or intolerance of light; ulcer smoother.

5th. Discharged, cured, with slight opacity of each cornea.

P. S. This child was seen in July; she remained well; the opacity was fast disappearing.

CASE VIII. *Ulcers of Cornea—Nebula, &c.*—Ellen M'Gee, ætat. 3½ years, entered the house, May 11th, 1839; she has been much neglected by her parents; both eyes are affected, corneæ nebulous and ulcerated; eyelids swollen, inflamed, and suppurating; eruptions behind ears; great intolerance of light; she is directed to have a warm bath; to be well washed; to take this evening, calomel gr.ijj; pulv. rad. rhei gr.vj. after to-night. R. sup. tart. potassæ, lac sulphuris aa ʒss. a teaspoonful every night, mixed in molasses; milk diet.

17th. R. iodini ʒj; hydriod. potassæ ʒij; aquæ ʒvij. S. Two drops three times a day.

20th. Much improved.

24th. Less intolerance of light, both corneæ slightly opaque.

27th. Ware's red precipitate ointment to be applied to eyelids every evening.

June 5th. Nearly well.

13th. No inflammation or intolerance of light; lids look well; cornea clear.

15th. Discharged cured.

CASE IX. *Ulcers of Cornea—Intolerance of Light, &c.*—Rebecca Curran, ætat. 7, entered the house, June 1st, with both eyes affected; her eyelids are swollen; tightly closed; cannot bear a ray of light; she wears a thick handkerchief over them, and hangs her head on her bosom to avoid the glare; the intolerance of light is so great, it is impossible to make a satisfactory examination; left eye seems the worse; directed the handkerchief to be taken off and to be confined to a dark room; to be purged with senna tea, and have dropt into eyes morning and evening, a solution of nitr. argenti, (gr.j. to ʒj.)

5th. Right eye more open; slight ulceration of cornea; left still closed; no appearance of ulceration of the cornea of this eye. R. calomel, ppt. gr.ij; pulv. rad. rhei gr.vj. M. ft. pulv.; to be taken every third night.

11th. Improving; can open left eye; blister to be applied to back of neck. R. iodini ʒj; hydria potassæ ʒij; aquæ ʒvij. M. ft. sol. S. Two drops three times a day.

14th. Very little intolerance of light; much improved.

21st. Discharged cured; eyes strong and of healthy appearance.

CASE X. *Ophthalmia Tarsi.*—Sarah J. Mullen, ætat. 7, entered the house, May 4th, 1839; the eye-lids are red, swollen, scabby, and suppurating; no lashes; directed a warm bath this evening, R. calomel, gr.ijj; pulv.

rad. rhei, ℥ss. S. At bed time. R. iodini. gr.v; hydriod. potass. ℥ss: cerat. simp. ℥ss. M. ft. ung. S. Apply to edge of eyelids morning and evening.

9th. Much improved; no scabs or matter; lids still red and swollen; eye-lashes appearing.

17th. Discontinue iodine ointment, and use at night, Ware's red precipitate ointment: R. pulv. rad. rhei; test. ostar, ppt. āā gr. vj, at night.

24th. Eyelids less red and swollen, smooth and clean.

June 2d. Still improving.

5th. Not quite so well; more inflammation of lids.

10th. Nearly well again.

12th. Discharged cured; lids were free from redness and swelling; lashes numerous.

ART. II.—*Cases of Injuries of the Head with Observations.* By T. S. KIRKBRIDE, M. D.

CASE I. *Compression of the Brain from large Effusion of Blood—Rupture of the Middle Artery of the Dura Mater, without Fracture of the Skull—Death.*—A. C. M., ætat. 18, while engaged at his occupation as a carpenter, fell from the third story of a house on the 15th of June, 1833. He alighted directly upon his head, in a fire-place, in which were small pieces of brick. He was rendered completely insensible by the fall and was brought to the Pennsylvania Hospital, forty minutes after the occurrence of the accident. At that time his skin was warm—pulse full and strong—his face flushed—pupils dilated—breathing stertorous—several small incisions existed in the scalp, produced by the rough bodies upon which he had fallen, but no evidence of fracture or depression in any part of the cranium. A vein was opened in the arm, and until twelve ounces of blood were drawn, no change took place in the pulse; it then began to sink and the aperture was immediately closed. He died thirty minutes afterwards. The *autopsy* made six hours after death, revealed the cause of the symptoms and sudden death. All the upper portion of the scalp, in which were found the wounds mentioned above, was elevated by the effusion of full half a pint of blood between it and the bone. Beneath the cranium, and between it and the dura mater was found ℥viij. of fluid blood. Under the membranes, in the ventricles, and at the base of the brain was not less than ℥xvj. of effused blood, also in a fluid state. The middle artery of the dura mater was ruptured. Other parts of the body not examined.

CASE II. *Compound Fracture of the Skull, with Depression—Recovery, without an Operation.*—WM. R., ætat. 9, residing in this city, of good